

**To:** Mark Donaldson, MPC Executive Director

From: Nathan Benditz, Transportation Engineer

Amy Brooks, Transportation Planner

**Date:** August 8, 2008

**Re:** 19<sup>th</sup> Street Road Closure

Based upon the analysis of Wilbur Smith Associates and the application of a Neighborhood Connectivity Index, the impacts on the existing Fort Sanders neighborhood of closing 19<sup>th</sup> Street between Laurel Avenue and Clinch Avenue will be negligible.

### **Traffic Demand and LOS**

Of the failing intersections within the study area, all of the intersections would be in a failing condition due to the background traffic alone, and would only be failing on the side street of the intersection and not the main roadway. The traffic study finds that all internal intersections to the periphery of 17<sup>th</sup> Street, Cumberland Avenue, Grand Avenue, and 22<sup>nd</sup> Street will operate at a level of service (LOS) of "C" or better. A select few intersections will experience a lower LOS coming from the internal network to these periphery roadways due to the higher traffic demand of the periphery roadways, but the overall LOS of the whole intersection will still be at an acceptable level. From the analysis performed and the traffic counts collected, it appears that the streets within the Fort Sanders community will be able to accommodate the additional traffic demand.

#### Neighborhood Connectivity

Connectivity refers to the directness of links and density of connections in a neighborhood network. A well connected neighborhood network has many short links, numerous intersections, and minimal dead-ends (cul-de-sacs). As connectivity increases, travel distances decrease and route options increase, allowing more direct travel between destinations<sup>1</sup>. Staff applied a Roadway Connectivity Index to analyze the impact closing 19<sup>th</sup> Street would have on the

<sup>1</sup> Reid **Ewing** (1996), *Best Development Practices; Doing the Right Thing and Making Money at the Same Time*, Planners Press (www.planning.org), 1996.

connectivity of the Fort Sander's neighborhood. The Index was developed by Reid Ewing, Fellow of the Urban Land Institute and former, Director of the Voorhees Transportation Center at Rutgers University.

Staff applied the Connectivity Index to a portion of the Fort Sander's neighborhood from the railroad tracks to the west, Grand Avenue to the north, 17<sup>th</sup> Street to the east and Cumberland Avenue to the south. The connectivity within this area was 1.69 on the Connectivity Index. The Index is calculated as the ratio of the number of street links (road sections between intersections) in the neighborhood's street layout divided by the number of street nodes (intersections and cul-de-sac heads). The 19<sup>th</sup> Street closure would result in a 1.67 on the index. An index of 1.4 is identified as the minimum score necessary for a walkable community<sup>2</sup>.

\_

<sup>&</sup>lt;sup>2</sup> Todd **Litman** (2005), *Roadway Connectivity: Creating More Connected Roadway and Pathway Networks*, TDM Encyclopedia, Victoria Transport Policy Institute (www.vtpi.org/tca).

# **Historic Fort Sanders Neighborhood Association**

P.O. Box 783 Knoxville, Tennessee 37901

August 13, 2008

Knoxville/Knox County Metropolitan Planning Commissioners 400 Main Street Knoxville, TN 37902

RE: MPC FILE #: 8-C-08-SC

APPLICANT: FORT SANDERS REGIONAL MEDICAL CENTER

Dear Commissioners,

We, the members of the Historic Fort Sanders Neighborhood Association are writing you today in reference to the MPC File 8-C-08-SC, an application by the Fort Sanders Regional Medical Center to close 19th Street at Clinch Avenue. Our association, like other similar groups around the City, is committed to working with our neighbors to improve the quality of life in our neighborhood. We want what most people want, a neighborhood that is safe, clean, family-friendly, and pedestrian-friendly. We want to increase the number of owner-occupied residences in the neighborhood, to further build an engaged and involved resident population. We want professors, doctors, nurses, and university and hospital staff to make the neighborhood home, not just the place through which they drive to work.

As one of the most densely populated neighborhoods in the entire state, we are blessed with an abundance of resources. In or adjacent to our neighborhood are 4 schools, 3 banks, dozens of restaurants, 4 churches and mosques, 2 hotels, 2 locally owned grocery stores, 4 parks, a police station and a fire hall. We also have a major produce market, a nationally-recognized art museum, a large chemical plant, the State's largest University campus, two Convention Centers, an award-winning referral Medical Center, one of the largest concentrations of student housing in the Southeast, a cutting-edge Cancer Treatment facility, and the premier Children's Hospital in the region. All of this and more is squeezed into little more than 100 square blocks. In many ways, the

Historic Fort Sanders Neighborhood already has what most small cities aspire to. However, all of that comes with some downsides: traffic overwhelming streets and intersections that are more than 100 years old, perpetual parking problems, crime and public disturbances that test the resources of both the City and the University, and a portion of the housing stock that has been allowed to deteriorate or be overcrowded.

The other fact of life in a high-density area like the Fort is that one property owner's plans can impact a large number of people. Both intended and unintended consequences of building projects can ripple through the neighborhood, creating uncertainty about the longer-term impacts of the changes. It's like living in a small apartment with 3 or 4 roommates; if you decide to replace the sofa, you can't just go out and buy anything you like. You have to plan. You have to consult with your roommates. You have to figure out where you are going to put it, you have to measure to see how much space you have, and you have to see what other furniture has to move in order to get around the room. Then you have to make sure you can get it in through the front door and up the stairs. It requires a plan to make sure everything is going to work.

The issue in front of you is one of those kinds of decisions. We support the hospital's efforts to build a new Medical Office Building. We have met with them and told them that we will work with them on the height and setback variances they need for their plans to move forward. We believe the investment will be of great benefit to both the City and the County.

The major question for our neighborhood association is the impact of the road closure. Our conclusion at this point is that we just don't know what the longer term impact is going to be. The issue is not this one project; it is the complex interaction of several independent projects. We have been working proactively with the City, the Hospital, the University, and the local merchants on the Cumberland Avenue Corridor project. We are thrilled at the prospect of over \$12 million dollars of investment in revitalizing the Strip. That plan envisions and encourages an increase in density of three to four times over existing uses. The details of that plan and the impact on local streets are still being discussed and won't be finalized for several months.

Immediately to our north, a large redevelopment area has been designated along Dale Avenue and stretches up the valley towards Downtown North. For much of that area, Cumberland Avenue will be the closest location for restaurants, gas stations, banks and other services. What impact will that have on 17th Street, as the only North-South connector between the Strip and the new development area?

Within the neighborhood, the last 10 years have seen the construction of multiple large scale student apartment and condominium projects. Much of the potential land for future developments lies just north of the Medical Center, along Grand Avenue. What impact will that have on intersections at 17<sup>th</sup> Street or along Cumberland that are already overloaded? What about the University and its plans for expansion? How far into the neighborhood will they be allowed to build? What will be lost in the process?

We are left with many more questions than answers. We feel unprepared to respond to individual decisions, because we have no longer-term plan in place to guide those decisions. Our fear is that the sum of those individual choices may lead to the loss of what makes the Fort Sanders neighborhood special. In the process, the City, the Medical Centers, and the University all lose. We want to support growth and investment in our neighborhood. We want to work with our neighbors to strengthen the neighborhood and make it an even more desirable place to live, work and raise a family. We need help to make that a reality.

The Historic Fort Sanders Neighborhood Association would like to work with the MPC, the City, the University and the Hospitals to develop a plan and process for the neighborhood and adjacent areas that will provide a path for future development. By taking a "big picture" approach to planning, we believe that we can identify the potential impacts of development and the changes in infrastructure, codes, and city services required to meet those needs.

We are not asking that this particular project be delayed while that planning process takes place. We would like to continue to work with the Hospital to explore ways to maintain pedestrian access to 19th Street, even if vehicular traffic is blocked. We want to understand the long-range

development plans for both Hospitals, with an effort to ensure that those projects strengthen the neighborhood.

Thank you for the opportunity to speak to you this afternoon. We look forward to hearing your opinions and suggestions on this item.

Sincerely,

The Historic Fort Sanders Neighborhood Association

By: Cathy Irwin, President

2307 Laurel Avenue

Knoxville, TN 37916

865-637-7617

From: "Irwin, Cathryn E (Cathy)" <cirwin3@utk.edu>

<gewart@georgeewart.com>, <grafhomes@aol.com>, <makane1@bellsouth.net>,

<anders@holstongases.com>, <tbenefield@benefieldrichters.com>,

<cole5137@bellsouth.net>, <s.johnson692@gmail.com>, <rebeccalongmire@hotmail.com>,

<npavlis@chartercom.com>, <wstowers@stowerscat.com>

**Date:** 8/13/2008 4:01:08 PM

**Subject:** MPC FILE #: 8-C-08-SC, Applicant: Fort Sanders Regional Medical Center

MPC Commissioners,

Please find attached a letter from the Historic Fort Sanders Neighborhood regarding the above stated agenda item. We wish this letter to be included in your packets for tomorrow's (8/14/08) MPC meeting. We will have a representative present at the meeting to speak and take inquiries relating to this item.

We have copied on this e-mail several interested parties, including the Fort Sanders Regional personnel with whom HFSNA has been meeting. We look forward to speaking with you about this agenda item and our response.

Sincerely,

Cathy Irwin, President

Historic Fort Sanders Neighborhood Association

2307 Laurel Avenue

Knoxville, 37916

865.637.7617

cirwin3@utk.edu

**CC:** "Bill Haslam" <BHaslam@cityofknoxville.org>, <ken.pruitt@knoxmpc.org>, <jeff.welch@knoxtrans.org>, <mark.donaldson@knoxmpc.org>, <DEdsell@CovHlth.com>,

ARTHUR G. SEYMOUR, JR. FRANCIS A. CAIN ROBERT L. KAHN REGGIE E. KEATON DONALD D. HOWELL DEBRA L. FULTON MICHAEL W. EWELL IMOGENE A. KING JOHN M. LAWHORN JAMES E. WAGNER BEVERLY D. NELMS MARY ELIZABETH MADDOX BENJAMIN C. MULLINS RICHARD T. SCRUGHAM, JR. MATTHEW A. GROSSMAN SHARON POTTER KEVIN A. DEAN

# FRANTZ, MCCONNELL & SEYMOUR LLP

ESTABLISHED 1902

550 W. MAIN STREET SUITE 500 P.O. Box 39

KNOXVILLE, TENNESSEE 37901

FACSIMILE: 865-637-5249
WEB SITE: WWW.FMSLLP.COM

Email: ajseymour@fmsllp.com Direct Fax: 865-541-4612

August 13, 2008

## To Members of the Metropolitan Planning Commission

Re: Item No. 10 – Fort Sanders Regional Medical Center Street Closure

Fort Sanders Regional Medical Center is planning a major expansion of its medical campus on Clinch Avenue. It is seeking to build a new medical office building which will house physician offices as well as an outpatient surgery center at Clinch and 19<sup>th</sup>, just to the east of the Hospital, reorient the main entrance to the hospital and connect the new building directly into the hospital. The expansion is critical to the Hospital's future and its ability to attract and retain top physicians.

One necessary aspect of this expansion is the closure of one block of 19<sup>th</sup> Street between Clinch Avenue and Laurel Avenue. The closure will facilitate the construction of a new main Hospital entrance. It will also allow the Hospital to improve access to its Emergency Department and eliminate conflict between automobiles, ambulances and pedestrians at that point. It will also ensure that the Hospital complies with ADA.

MPC Staff and City Engineering support this road closure.

I do not know if there will be any opposition at the meeting, but I did want to advise you that for many months officials with Fort Sanders have been meeting with neighborhood representatives to discuss this expansion and have furnished those representatives all of the information that has been furnished to MPC Staff and to City Engineering, including comprehensive traffic studies by Wilbur Smith.

If you have any questions about this matter, please call me.

I and other members of the Fort Sanders staff will be present to respond to any questions

at your meeting tomorrow.

Sincerely

Arthur G. Seymour, Jr.

FRANTZ, McCONNELL & SEYMOUR, LLP

AGSJ:alh

cc: Mr. Mark Donaldson

S;\WDOX\CLIENTS\5018\0000001\CORRESPO\00404459,DOC